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BADES0, Alexandria, VA 22313-1450

Date of Signature and Deposit: February 28, 2005

Attorney of Record

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):

Ronald C. Chimenti, et. al.

Serial No.:

10/616,780

Filed:

July 10, 2003

For:

Tri-Foldable Card

Group Art Unit:

3611

Examiner:

Green, Brian

Docket No.:

650411.90030

AMENDMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated August 26, 2004, please amend the aboveidentified patent application as follows:

Amendments to the specification begin at Page 2 of this communication.

Amendments to the claims begin at Page 4 of this communication.

Remarks begin at Page 7 of this communication.

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Under the Paragovork Reduct	tion Act of 199	5 no persons are required	1 to reson	U.S. Patent and to a collection					MB 0651-0032 COMMERCE
Effective on 12/08/2004.			_ L	Complete if Known					
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).			I A	Application Number 10/616,780					
FEE TRANSMITTAL For FY 2005			_ F	Filing Date 07/10/2003					
			F	First Named Inventor Ronald C. Chimer			nti		
			— E	Examiner Name Green, Brian					
Applicant claims small entity status. See 37 CFR 1.27			A	Art Unit 3611					
TOTAL AMOUNT OF PAY	MENT (\$	5) 510.00	A	ttorney Docket	l No.	650411.9	90030		
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		•		•			uarles &	Brady I	
Deposit Account Deposit Account Number: 17-0055 Deposit Account Name: Quarles & Brady LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
			5 Hereby						_
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FEE CALCULATION	OR P10-2030	3.							
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1. BASIC FILING, SEAI	RCH, AND FILING		ES EARCH	I FFFS	FXAM	INATION I	FFS		
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Application Type	Fee (\$)		ee (\$)	Fee (\$)	<u>Fee (</u>		5)	Fees Pa	10 (2)
Utility	300		00	250	200		-		
Design	200		.00	50	130	•••	-		
Plant	200		300	150	160		-	<u>_</u>	
Reissue	300		500	250	600		-		
Provisional	200 E s	100	0	0	0	0	-		
2. EXCESS CLAIM FEE	25							Fee (\$)	Fee (\$)
Each claim over 20 or, for								50	25
Each independent claim		for Reissues, each in	idepend	lent claim mo	ore than	in the orig	inal paten		100
Multiple dependent clain		- 4		- 141				360	180
Total Claims - 20 or HP =	Extra Claim		Fee Paid	<u>d (\$)</u>		le Depende	nt Claims Fee Paid	/e)	
HP = highest number of total	claims paid fo	x = or, if greater than 20			Fee	<u>: (\$)</u>	Fee Falu	7.21	
	Extra Claim		Fee Paic	1 (\$)					
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3. APPLICATION SIZE		paid for, it grouter that a							
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for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
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4. OTHER FEE(S)		****						Fee	s Paid (\$)
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Other: Amendmen	it (11 page	∌S)						51	0.00

Ĺ	SUBMITTED BY						
ſ	Signature	adam J. Forman	Registration No. 46,707	Telephone 414-277-5405			
	Name (Print/Type)	Adam J. Forman		Date 02/28/2005			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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